OTHER PROCEDURES AND DATES   **Section 97229**

All significant procedures are to be reported. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for DRG assignment. Procedures shall be coded according to the ICD-9-CM. The dates shall be recorded with the corresponding other procedures and be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

DISCUSSION

Format for reporting this data element on the Manual Abstract Reporting Form for discharges occurring on or after January 1, 1999:

Reporting Requirements:

- A date will be reported for all other procedures reported. If the other procedure was performed on September 12, 1999, the reported value is 09121999.

- Other procedures and dates will be blank if no principal procedure is reported.

ICD-9-CM Codes: Refer to the definitions of a significant procedure in the *Coding Clinic for ICD-9-CM*, July - August 1985 and Fourth Quarter 1990, and the Universal Hospital

Discharge Data Set (UHDDS) published in the Federal Register, Volume 50, Number 147, July 31, 1985.

Other Coding Systems: HCPCS and CPT codes are not accepted by OSHPD.

Number of Other Procedures and Dates: Up to twenty other procedures and dates may be reported to OSHPD.

Ambulatory Surgery Facility and Hospital Outpatient Services: Patients are sometimes admitted within 72 hours of procedures performed in a licensed ambulatory surgery facility or as an outpatient at a hospital. Under certain circumstances, the procedure may be reported on the discharge data record. If so, the procedure date must be reported when it actually occurred and not be changed to the admission date. OSHPD accommodates procedure dates three days prior to the admission date.